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**Date:** Friday, February 22, 2002  
**To:** PTBMIS Codes Manual Update Group  
**From:** Gary Self  
**Subject:** PTBMIS Codes Manual Update

Please note the attached changes to PTBMIS Codes Manual:

Item	REMOVE	ADD
1	Table of Contents, pages 3	Table of Contents, page 3
2	Section 085 – EPSD&T in its entirety	Section 085 – EPSD&T in its entirety
3	Section 100 – Family Planning, Pages 20 - 26	Section 100 – Family Planning, Pages 20 - 27

This updates the EPSD&T and FP sections because of changes required in the diagnosis code to be used for screening kids 18-20 years of age.

## Section 85 - EPSD&T

EPSD&T Definitions	85-1
85.010 - EPSD&T Visit	85-2
Section 85 Changes	85-5

## Section 90 - Families First

Families First Definitions	90-1
90.010 - Families First	90-2
Section 90 Changes	90-3

## Section 100 - Family Planning

Family Planning Definitions	100-1
100.010 - Counseling	100-2
100.020 - Exam	100-3
100.030 - Medical Revisit	100-5
100.040 - Supply Visit (Any Method)	100-6
100.050 - Norplant Insertion	100-7
100.060 - Norplant Removal	100-8
100.070 - Norplant Removal / Insertion	100-9
100.080 - IUD Insertion	100-10
100.090 - IUD Removal	100-11
100.100 - IUD Removal / Insertion	100-12
100.110 - IUD Check	100-13
100.120 - Pregnancy Test Only	100-14
100.130 - Emergency Contraceptive Pills	100-15
100.140 - Vasectomy - Initial Counseling and Consent	100-16
100.150 - Vasectomy - Preventive Visit During an FP Visit	100-17
100.160 - Vasectomy - Vasectomy and Follow-up Sperm Count	100-18
100.170 - Vasectomy - Post Operative Semen Exam	100-19
100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit)	100-20
Section 100 Changes	100-22

# **SECTION 085 - EPSD&T**

## **EPSD&T Definitions**

**Last Change Date: 11/02/2001**

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## 085.010 - EPSD&T Visit

**NOTE: FOR TENNCARE CLIENTS ONLY**

**Last Change Date: 02/22/2002**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit - Age Specific						
New Patient						
Infant Or Child	99381 - 99384	EP	AXXX	Well Child	V202	1
Adolescent	99385			Routine general medical exam at a health care facility and /or health checkup	V700	1
Established Patient						
Infant Or Child	99391- 99394	EP	AXXX	Well Child	V202	1
Adolescent	99395			Routine general medical exam at a health care facility and /or health checkup	V700	1
Vaccines	See Vaccine Codes					
Venipuncture (If Done)	36415					
Lab(S) Completed						
Lab Handling (If Outside Lab)	99000					

**Section 085.010 Continued On Next Page**

## Section 085.010 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccine(s) For Blue Care or TN Select or Universal Health patients <b>only</b> -- add one (1) or both of these codes						
Single Administration	90471	EP	ATBL Or ATUH Or ATSH Or ATSN	As Approp	As Approp	1
Multiple Administration (Number Of Shots Over One (1))	90472					# imms given over one
COMMENTS:						
EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT						
* Comprehensive health and developmental history			* Comprehensive unclothed physical exam			
* Appropriate immunizations			* Appropriate laboratory tests			
* Health education			* Hearing assessment			
* Vision assessment						

**Section 085.010 Continued On Next Page**

## Section 085.010 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
EPSD&T Exam Refused	*EPREFUS	EP	AXXX	Unspecified Admin Purpose	V689	1
<b><u>Codes For Refusal Of EPSD&amp;T Screens:</u></b>						
<b>RH</b> Reappointed -- Clinic Staff does not have time to provide the screening on this day.						
<b>RP</b> Reappointed - Parent does not have time for screening on this day						
<b>AS</b> Appointment with another provider (e.g., the parent may have made an appointment with the PCP)						
<b>RS</b> Recent screening according to the periodicity schedule						
<b>NS</b> No Show (failed to keep EPSD&T appointment)						
<b>OT</b> Other (Record reason in the Medical Record)						
<b>COMMENTS:</b> Use code <b>EPREFUS</b> when an EPSD&T exam is denied or refused. The reason given for refusal should be coded in the <b>Res/Ref (Results)</b> field on the encounter form and keyed in the <b>Disposition</b> field on the PTBMIS encounter screen. Adding a refusal code will provide more complete reporting of EPSD&T results to the Bureau of TennCare.						
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis for the encounter <b>OR</b>		1
	99402T			Unspecified administrative purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

# SECTION 085 - EPSD&T CHANGES

EPSD&T Definition Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	-	Added section to manual

085.010 - EPSD&T Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
02/22/2002	1	Added diagnosis code V700 for exam services provided to adolescents aged 18, 19 and 20 years of age for both new and established patients.
02/22/2002	2	Added reimbursement codes ATSH and ATSN to the list of MCOs require that the administration codes (90471 and 90472) be used.
02/20/2002	1	Added <b>NS - No Show</b> as reason for not performing an EPSD&T screening
2/15/2002	1	Added <b>EPREFUS</b> code to EP procedures.
11/02/2001	-	Added section to manual

# 100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit)

**NOTE: FOR TENNCARE CLIENTS ONLY**

Last Change Date: 02/22/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
If Family Planning services are provided and all components of an EPSD&T exam are also done							
<u>New patient, age specific</u>		FP	TNCare - (AXXX)				
Age <18	99383 - 99384			Well Child <b>AND</b> One Of The Below Diagnosis	V202	1	
Age 18, 19, 20	99385			Routine general medical exam <b>AND</b> One Of The Below Diagnosis	V700		
<u>Established patient, age specific</u>							
Age <18	99393 - 99394			Well Child <b>AND</b> One Of The Below Diagnosis	V202		
Age 18, 19, 20	99395			Routine general medical exam <b>AND</b> One Of The Below Diagnosis	V700		
				<u>Complete Exam</u>			
Lab(s) Completed				Initial / Annual on OC's	V2501		1
				Initial / Annual other methods	V2502		
Venipuncture (if done)	36415			Annual Exam - Pvt Ins Xantus	V723		
Lab handling (if outside lab)	99000			<u>Return Visits</u>			
Drug(s) dispensed				Pap only	V762	1	
Vaccines	See Vaccine Codes			Pap & gyn exam	V723		
		Breast check only	V761				
		Abnormal Pap	7950				

100.180 - EPSD&T Visit -- Continued on next page



## 100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit) (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccine(s) for Blue Care or TN Select or Universal Health Patients Only--Add One(1) or both of these codes						
Single Administration	90471	EP	ATBL or ATUH or ATSH or ATSN	As Approp	As Approp	1
Multiple Administration (Number Of Shots Over 1)	90472					# imms given over one
<b>COMMENTS:</b> Do not code condoms. Genprobe done on FP patient is coded FP, not ST. Code vaccines given when FP patient gets immunization(s) during FP visit. When a FP patient has a medical problem (i.e., ear infection) and is referred to Primary Care Clinic during the same day, the Primary Care Visit must be coded to the CH or WH Program and the Other Visit code must have the "25" modifier added. (See VISITS SECTION) FP patients who present for services <u>not related</u> to the FP Program should have services provided coded to the appropriate program. The time a nurse spends entering lab results and doing tracking for pap smears is considered overhead. If FP patient presents for scheduled appointment but practitioner is sick and unavailable (our fault), code a Recheck Visit (3734) and dispense one (1) pack of pills to "hold over" until patient can be seen. If patient runs out of pills because of non-compliance (patient's fault) code a 15 minute counseling visit (99401) and dispense one (1) pack of pills to encourage compliance in the future. If patient has heavy menses and needs HGB check, do not code to FP Program, use CH or WH. If HGB is routinely done during initial exam, then code to FP Program.						
TennCare Advocacy	99401T	TO	6	Primary diagnosis from encounter		1
	99402T			unspecified administrative purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

# SECTION 100c - FAMILY PLANNING - CHANGES

## 100.010c - Counseling Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

## 100.020c - Exam Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	1	Added phrase ' <a href="#">Section 100.020 Continued on Next Page</a> ' at the bottom of page. <b>Change Reason: To make it easier for the reader.</b>
04/01/2001	-	No change

## 100.030c - Medical Revisit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

## 100.040c - Supply Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

## 100.050c - Norplant Insertion Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

Section 100 - Family Planning Changes (Continued on Next Page)

## Section 100c - Family Planning Changes (Continued)

### 100.060c - Norplant Removal Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.070c - Norplant Removal / Insertion Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.080c - IUD Insertion Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.090c - IUD Removal Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.100c - IUD Removal / Insertion Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.110c - IUD Check Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

Section 100c - Family Planning Changes (Continued on Next Page)

## Section 100c - Family Planning Changes (Continued)

### 100.120c - Pregnancy Test Only Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.130c - Emergency Contraceptive Pills Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.140c - Vasectomy - Initial Counsel and Consent Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.150c - Vasectomy - Preventive Visit During an FP Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.160c - Vasectomy - Vasectomy and Follow-up Sperm Count Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.170c - Vasectomy - Post Operative Semen Exam Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

Section 100c - Family Planning Changes (Continued on Next Page)

## Section 100c - Family Planning Changes (Continued)

100.180c - EPSD&T Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE									
02/22/2002	1	PROCEDURE		CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY		
		If Family Planning services are provided and all components of an EPSD&T exam are also done									
		New patient, age specific			FP	TNCare - (AXXX)					
		Age <18	99383 - 99384	Well Child AND One Of The Below Diagnosis			V202	1			
		Age 18, 19, 20	99385	Routine general medical exam AND One Of The Below Diagnosis			V700				
		Established patient, age specific									
		Age <18	99393 - 99394	Well Child AND One Of The Below Diagnosis			V202				
		Age 18, 19, 20	99395	Routine general medical exam AND One Of The Below Diagnosis			V700				
02/22/2002	2	Added reimbursement codes ATSH and ATSN to the list of MCOs that require that the administration codes (90471 and 90472) be used.									

100.180c - EPSD&T Visit Changes - Continued on next page

## Section 100c - Family Planning Changes (Continued)

100.180c - EPSD&T Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE							
11/02/2002	1	PROCEDURE		CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
		<del>EPSTD&amp;T Preventive Visit</del> <u>If Family Planning services are provided and all components of an EPSTD&amp;T exam are also done</u>			EPFP	TNCare - (AXXX)	<u>Well Child</u> <b>AND</b> <u>One Of The Below</u> <u>Diagnosis</u>	<b>V202</b>	<u>1</u>
		New patient, age specific		99383 - 99385					
		Established patient, age specific		99393 - 99395					
		Lab(s) Completed							
		Venipuncture (if done)		36415					
		Lab handling (if outside lab)		99000					
		Drug(s) dispensed							
		<u>Vaccines</u>		<u>See Vaccine Codes</u>	EP				
11/02/2002	2	<b>Add after Change Item 1:</b>							
		<u>Vaccine(S) For Blue Care Or TN Select Patients Or Universal Only--Add One(1) Or Both Of These Codes</u>							
		Single Administration		90471	<b>CH OR MH OR WH</b> EP	ATBL <b>OR</b> ATUH	As Approp	As Approp	1
		Multiple Administration (Number Of Shots Over 1)		90472					# Imms Given Over One

100.180c - EPSD&T Visit Changes - Continued on next page

## Section 100c - Family Planning Changes (Continued)

### 100.180c - EPSD&T Visit Changes - Continued

DATE	CHANGE #	CHANGE
11/02/2002	3	<p><b>COMMENTS:</b></p> <p><del>Need prior authorization to do EPSDT visit if H.D. is not the PCP, except for TLC, John Deere or Xantus patients.</del></p> <p>Do not code condoms. Genprobe done on FP patient is coded FP, not ST. Code vaccines given when FP patient gets immunization(s) during FP visit. When a FP patient has a medical problem (i.e., ear infection) and is referred to Primary Care Clinic during the <u>same day</u>, the Primary Care Visit must be coded to the CH or WH Program and the Other Visit code must have the "25" modifier added. (See VISITS SECTION) FP patients who present for services <u>not related</u> to the FP Program should have services provided coded to the appropriate program. The time a nurse spends entering lab results and doing tracking for pap smears is considered overhead. If FP patient presents for scheduled appointment but practitioner is sick and unavailable (our fault), code a Recheck Visit (3734) and dispense one (1) pack of pills to "hold over" until patient can be seen. If patient runs out of pills because of non-compliance (patient's fault) code a 15 minute counseling visit (99401) and dispense one (1) pack of pills to encourage compliance in the future. If patient has heavy menses and needs HGB check, do not code to FP Program, use CH or WH. If HGB is routinely done during initial exam, then code to FP Program.</p>
04/01/2001	-	No change